

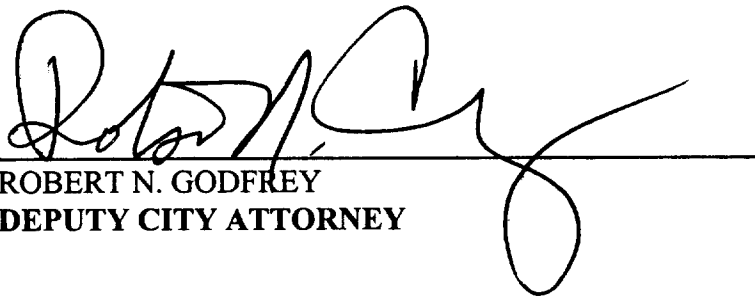
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CL 00L0361 - GWENDOLYN BURNS

CLAIM OF:

ANNE G. MCMAHAN
2656 Sharondale Circle
Atlanta, Georgia 30305

For property damages alleged to have been sustained from a sewer
back up on May 7, 2000 at 2656 Sharondale Circle.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0361

Date: December 27, 2000

Claimant /Victim ANNE G. MCMAHAN
BY: (Atty) (Ins. Co.) _____
Address: 2656 Sharondale Circle, Atlanta, Georgia 30305
Subrogation: _____ Claim for Property damage \$ 2,139.00 Bodily Injury \$ _____
Date of Notice: 5/24/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 5/7/00 Place: 2656 Sharondale Circle
Department PUBLIC WORKS Division Sewer Operations
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that she sustained damages to her home from a sewer back up. However, an investigation determined that the City did not have notice of any problems at this location prior to the May 7, 2000 occurrence. The City is immune from liability as set forth in O.C.G.A. §36-33-1.

INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral X
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

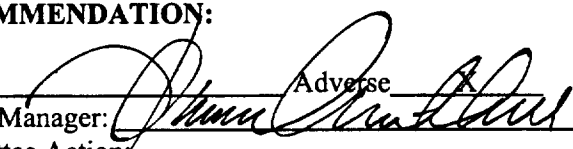
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 12-27-00
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

BURNS
06/09/00

Today's Date: 5-18-2000

Dear Municipal Clerk:

MAY 24

ENTERED - 6-12-00 - SB
00L0361 - GWEN BURNS

MUNICIPAL CLERK 05-24-00 P12:33 IN

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2139.00 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: May 7, 2000 2. Time of Incident: noon 3. Police called: N/A
(month/day/year) Yes No

4. Location of incident (including street address): 2656 Sharondale Circle

5. Name of your insurance company: _____ Policy No. _____

6. State what and how incident occurred: Sewer backed up - ran out of lower level shower and toilet flooding 2 rooms of carpeting with raw sewage and wetting sheetrock of bedroom wall backing up to bathroom.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and / or its employees(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Anne G. McMahon
Signature of Claimant

Anne G. McMahon
(Print Claimant's Name)

2656 Sharondale Circle
(Address)

Atlanta GA 30305
(City, State and Zip Code)

404-261-8055
(Work Number) (Home Number)

01-R-0048